MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

31306

File No. 8906

Registered No.

1. PLACE OF DEATH

County

Township

City ST. Louis (No. Christian Hospital St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Hugh Vern Mayberry

(a) Residence. No. Ferguson Mo. St., 9 Ward. Ferguson Mo

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 8, 1917

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
13	1	29	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Calisburg (STATE OR COUNTRY) Montana

PARENTS

10. NAME OF FATHER Hugh Mayberry

11. BIRTHPLACE OF FATHER (CITY OR TOWN) McLeansboro (STATE OR COUNTRY) Ill

12. MAIDEN NAME OF MOTHER Myrtle Nepper

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) McLeansboro (STATE OR COUNTRY) Ill

14. INFORMANT Mrs. Myrtle Norton (Address) 1233 S. Vandeventer

15. FILED SEP 12 1930 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 7 1930

17. I HEREBY CERTIFY, That I attended deceased from 8/8, 1930, to 9/8/30, 19 that I last saw him alive on 9/8/, 1930, and that death occurred, on the date stated above, at 11 19 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute dilatation of heart

Myocarditis Chronic

93C

95B (duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) 90B (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 1233 S Vandeventer

2 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 9/7 (Parencentesis)

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Auscultation

(Signed) Victor L. Gould, M. D.

9/8, 1930 (Address) 2807 a Watson Blvd St Louis Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
McLeansboro Ill	Sept 9 1930
20. UNDERTAKER	ADDRESS
Shepard Funeral Home	1167-69 Hamilton Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

...IS A PERMANENT RECORD

2807a Watson Rd.
3-5-

Saved by check marks, lacking from the death certificate:

Name: Hugh Vern Mayberry

Who died at: St. Louis Mo. on Sept. 7, 1930,

Residence; No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years ____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Acute Dilatation of Heart
Myocarditis, Chronic

Contributory: Operation for non Tubercular Abdominal Dropsy due to Chronic Myocarditis

Where was disease contracted? _____

Did operation precede death? yes Date of _____

Was there an autopsy? What test confirmed diagnosis?

S-31306